

Self-Care of Intensivist Nursing Professionals as a Strategy to Prevent Burnout Syndrome

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Abstract— The nursing team of an Intensive Care Unit is subjected to several injuries related to their physical and mental health. The large number of stressors present in this environment predispose to conditions in which they can affect the quality of care provided by these professionals, their interpersonal relationships and their quality of life. Therefore, it is intended to report an educational action on self-care as a strategy for the prevention of Burnout Syndrome in nursing professionals in an adult ICU. An activity was carried out, product of the problematization theory, to socialize knowledge about Burnout Syndrome, which is still little known by professionals, encouraging them to carry out self-care practices. During the time of socialization, the professionals were free to express their feelings about their work environment. Among the reports, can be highlighted the difficulty in self-perception, intra and interprofessional relationships, failures in effective communication and problems of managerial and bureaucratic nature. Such feelings externalize issues that directly and indirectly corroborate physical and mental exhaustion, high levels of tension and risks to the health of the professional and the quality of care. Through this work, it is noted that the Burnout Syndrome is a topic of great relevance for these professionals, whose work scenario requires resilient psychosocial conditions in the face of adversities, and who propose to these actors of care a special attention focused on their assistance and self-care.

Keywords— Nursing; Nursing professional; Intensive therapy; Prevention; Burnout.

I. INTRODUCTION

In an intensive care unit (ICU), attention, agility and skill are some of the many vocations that the nursing professional needs to have when working in this environment. The complexity of intensive care requires certain specific skills and competencies of nurses, as well as a different workload, and in this scenario, according to Machado, et al, (2012), it is common for physical and

mental factors to act as aggravating to good nursing practices, interfering in the care and assistance provided to patients in intensive care.

In the last decades, good nursing practices, combined with patient safety, have been addressed worldwide, mainly in terms of “workload”, due to the awareness that this professional class performs its activities based on care, and when exposed to exponential demands, in the case of many

brazilian ICU's, the income from their care declines, becoming stressful, prone to adverse events and other deficits involving the provision of care (Fernandes, Nitsche& Godoy, 2017).

In addition, ICUs are characterized by highly qualified environments for providing care to critical patients, in which the importance of using equipment and technologies is present with a view to the complexity of care for these patients, as well as the need for a multidisciplinary team trained and 24-hour monitored assistance. Due to the need for complex care, ICUs can produce job stressors, which in turn affect the professionals involved, especially nurses and nursing technicians (Franco & Barros, 2011; Schmidt, Paladini, Biato, Pais& Oliveira, 2013).

Burnout Syndrome is considered an occupational pathology very present in ICU nursing professionals and is characterized by three different components in which are specific characteristics of this syndrome: emotional exhaustion, depersonalization and the absence of professional achievement. These characteristics affect professionals who work directly with people, so it requires greater interaction with their clients (Machado, et al., 2012; Fernandes, Nitsche& Godoy, 2017).

Currently, the growing search for acceptable financial conditions exposes the nursing professional to an excessive and exhausting workday, which makes nursing a profession with higher rates of development of Burnout Syndrome (Oliveira, Lima & Vilela, 2017). The literature points out, in a study by Vasconcelos and Martino (2018, p. 3), that of the 91 (ninety-one) intensive care nurses interviewed in the study, 14.3% had the syndrome. In addition, there was a sample carried out by França, R. Ferrari, DC FerrarI& Alves (2012), which identified a percentage of 22.2% of nursing professionals who work 30 (thirty) hours a week, possibly because they can perform a double journey.

Thus, as mentioned above, it is essential to deepen the studies on this theme taking into account the growing number of articles that address this theme and its relevance within the field of nurses' performance, considering the professionals inserted in the context of an ICU; in addition to the importance of this study so that we, nursing students, can identify and socialize this knowledge about the possible characteristic signs of this pathology.

The problem identified for this study is related to the stressors present in the ICUs that can trigger the development of Burnout Syndrome. For Machado et al., (2012), the most common aggravating factors in this environment come from the excessive workload of each nursing professional, the technologies and equipment of the place, the great demand of patients at the expense of a

disproportionate number of nursing staff, in addition to the complexity of care pertinent to the critical patient.

The use of professional self-care strategies provide new parameters such as healthy practices and habits in order to promote the individual's physical and emotional well-being, making self-control possible to mediate situations and stressors in the work environment. That said, it is necessary to emphasize that self-care consists of a cognitive, affective and behavioral process, acquired during the experiences, with self-perception being fundamental so that responsibility with you is assumed (Melo, Alegre & Carlotto, 2017).

In this sense, the objective of this work is to report an educational action on self-care with a strategy for the prevention of Burnout Syndrome in nursing professionals in an adult ICU, making them aware of the indicative signs of this syndrome and the possible preventive measures in aspect of professional self-care, taking into account that the work environment in which they are inserted, predisposes to conditions that can lead to the physical and emotional stress of these professionals, making their performance subject to the occurrence of possible adverse events, iatrogenies, as well as susceptible to development of Burnout Syndrome.

II. MATERIALS AND METHODS

Descriptive study, with a qualitative approach of the experience report type, in which the problematization theory followed the Maguerez arc, proposed by Berbel (2011) , in which it follows five stages of development: observation reality, identification of key points, theorizing, hypothesis of solution and application of the study in the reality of the place.

The observation of reality occurred during the practical classes of the curricular component "Nursing in Adult Intensive Care", from 27/08/2018 to 09/05/2018, in a hospital located in the city of Belém, Pará; in which it is reference in Oncology, Neurosurgery, Nephrology and transplants, with 28 (twenty-eight) beds distributed in 3 ICU's (Clinical, Surgical and Neurological).

In the survey of key points, the most important elements to be addressed in this theme were defined, directing the observation of the practical class with the respective theoretical findings in the databases, being careful not to diverge from the main theme of this article.

The solution hypothesis was structured based on the prevention of Burnout Syndrome in the ICU to the local nursing team, aiming at a moment of socialization and exchange of experiences and knowledge from both parties, informing them about the characteristic signs of the disease, curiosities and what measures these professionals

should take to avoid the occurrence of this pathology in their work environment.

As for the return of the study to the field of observation, the activity took place on October 22, 2018, between 4:30 pm and 5:00 pm, in the Neurological ICU of the aforementioned location, and had the participation of 11 professionals from the nursing team, 1 nurse and 10 nursing technicians.

This was divided into 4 stages, where at first the instrument was distributed (Instrument 1) in order to assess the degree of professional satisfaction of the participating team. The team was instructed to mark the "face" in which they represented their daily feeling regarding their workday. Soon after the end of this selection, the second moment of the activity began, which consisted of the distribution of informational folders (Instrument 2) in which it contained information about what is the Burnout Syndrome, the symptoms and what to do to avoid following the strand of self-care. Next to this moment there was a brief socialization about the theme, allowing the public to be at ease whenever they wanted to contribute.

In the third moment of the activity, a group dynamic was applied, which consisted of the elaboration of a pertinent problem in that workplace, which could be considered triggering factors for Burnout Syndrome. In this dynamic, one group exposes the problem situation and the opposite group elaborates a solution idea for the exposed problem. Thus, participants were asked to divide into two groups, where one group had the opportunity to expose 3 problem situations, and the other was tasked with making suggestions for solving the problems presented. At this time there was an intense socialization of knowledge and experiences, where we and the participants were able to talk about how to improve work processes, aiming at reducing any stressors that can lead to Burnout Syndrome, based on self-care activities.

In the fourth moment, the activity was completed suggesting some behaviors that aim to reduce any factors that may induce the appearance of the syndrome in the professionals working in that place.

III. RESULTS AND DISCUSSION

Regarding the return made, during the use of Instrument number 1, it was possible to identify that most of the participants positioned themselves with a feeling of "extreme happiness" in relation to their workday. A smaller group positioned themselves using the image referring to the feeling of "extreme stress". The others chose to select the image referring to the feeling of "indifferent". Similar studies point out that stress in the workplace is an elementary factor referring to psychosocial

aspects, elucidating the burnout syndrome a possible trigger reflected in these work stressors, therefore, the reflection of the above data brings to light a possible setback, according to what the recent ones say research about the stress that intensive care professionals face during their workday. For Preto&Pedrão (2009), ICU's are considered environments that expose professionals to various stressors due to the high level of technological complexity, as well as the requirement for intensive care to patients in critical condition, subject to sudden changes. Therefore, the work environment becomes a potential generator of compromised feelings, which includes stress, identifying in its research a percentage of 57.1% of nurses who consider the ICU a stressful place and 23.8% of them presented a high score, indicating the presence of stress.

Right after that moment, during the socialization, the professionals were free to express their feelings about their work environment. Among the reports, during the dialogue, we can highlight the difficulty in self-perception, intra and interprofessional relationships, failures in effective communication and problems of managerial and bureaucratic nature. Such feelings externalize issues that directly and indirectly corroborate physical and mental exhaustion, high levels of tension and risks to the health of the professional and the quality of care (Fonseca & Mello, 2016). Through these data, we observed an index of nursing professionals working in an ICU that predisposes to factors in which they can trigger the condition of Burnout Syndrome. Therefore, since it is an Intensive Care Unit, elements such as contact with the patients' life and death, interpersonal relationships, complexity in care can lead to professional dissatisfaction if there are no strategies to minimize these causes. (Schmidt et al., 2013).

Regarding self-perception, the most prevalent information was the double workday and little time for leisure activities, since many needed to work in other hospitals to guarantee financial stability, which, therefore, influences the little availability to develop recreational activities, due to an exhaustive workload in both work environments. The findings corroborate the Brazilian national literature, based on the fact that professionals with more than one job have conflicts with their social and family life, due to the intense tiredness triggered by this condition, not putting into practice the activities of leisure (Sadir, Bignotto&Lipp, 2010). This condition is worrying, since carrying out such activities are strategies that provide the individual with regulation of emotional balance, in addition to allowing an escape from the individual in relation to their work routine, preventing the Bournout Syndrome (Melo, Alegre &Cartotto), 2017).

Also analyzed, underlying the double workday, it is the reality of these professionals to be working in two ICU's.

According to reports, many of the professionals end up working in two ICU's in different hospitals. In view of all the complexity pertinent to intensive care, and that it can become exhausting, the duplicity of the work activity of having to take on two ICU's, increases the predisposition to the professional's energy depletion, making him even more fragile before the occupational stressors. In addition, this condition causes a chronic imbalance where work requires much more than it can offer (Vasconcelos& Martino, 2017).

Regarding intra and interprofessional relationships, it was reported the difficulty of working together between the nursing team and others, the latter being the most prevalent in their reports. To the detriment of this aspect, the issue of difficulty in communication was also highlighted, in which case conflicts in professional relationships occurred, becoming yet another stressor present in the work environment. For Dias, Santos, Abelha&Lovisi (2016), professional relationship and communication problems are considered occupational stressors, due to the physical and mental stress caused by these situations. Coexistence in the work environment is not easy to mediate, however, when the difficulty exists, it is necessary to work on it so that it provides opportunities for learning.

Regarding management and bureaucratic issues, the reports were related to the use of technologies that, in their view, were scrapped. Also punctuating, the delay in dispatching medication and the scarcity of some materials for carrying out procedures. These factors, in addition to triggering stress, pose risks to the safety of professionals and patients (Afecto& Teixeira, 2009).

In view of all these issues addressed by the group, self-care actions were suggested, such as relaxation techniques, regular physical exercise, rest, leisure and fun, sleep appropriate to individual needs, processes that favor self-knowledge, structuring free time with pleasant and attractive activities, as well as the revision and resizing of the forms of work organizations. Paiva et al., (2019), also mention, that the practice of self-care needs to be part of the awareness of nursing professionals so that it can be used in the work environment, aiming at a proposal to improve the policy focused on workers' health.

Finally, at the end of the activity, the participants verbalized that this type of approach is of great relevance to the work context, in which they are inserted, and that this moment of interaction is very opportune to strengthen the bond between professionals and also with academics who are in the field of practice. Also highlighting that they felt motivated to adopt self-care behaviors.

IV. CONCLUSION

In the light of the experience developed among nursing professionals in an ICU, it is noted that Burnout Syndrome is a topic of great relevance for these professionals, whose work scenario requires resilient psychosocial conditions in the face of adversity, and which these actors propose of care special attention focused on your assistance and your self-care.

Thus, given the various occupational stressors inserted in this environment, professional nursing assistance meets a transversal reality of care, where it needs to deal frequently with emotions, frustrations, managerial problems, and above all, an exhaustive workload with great demands and care complex.

Corroborating this information, the present study also presented important reflections regarding the professional's self-perception and his work relations, the importance of identifying stressors and working with them in order to face them.

Therefore, the work reveals the need for an in-depth look at the health of the professional who develops their care practices in ICUs, since, based on the results exposed in this work, the predisposition to Burnout Syndrome is real and is in different dimensions performance, becoming multifactorial.

In this way, it is important that the contributions developed in this work reach the academic and professional community, in order to have repercussions on the aggregation of knowledge regarding the topic addressed, so that, in this way, intervention measures in the work process are carried out, in order to optimize delivery for effective and efficient assistance.

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